

PQS Qualification Sheet

NSW/NSO/AIRR PST Administrator Module

Name of Trainee	Qualification Start Date	Qualification Due Date

PQS Standard	PQS Qualifier (Signature)	Trainee (Signature)	Date
1. PST/Quality Control			
2. Safety			
3. YMCA Protocol			
4. Required Reports			
5. Final Qualification			

	Discuss/ Initial			Demonstrate/ Initial			Remedial/ Re-qualify		
	T R A I N E E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E
1. PST/Quality Control (COMNAVCRUITCOMINST 1130.8, MILPERSMAN Article 1220-100)									
a. Demonstrate the ability to conduct a PST in accordance with (MILPERSMAN Article 1220-100).									
b. Complete Assistant Command Fitness Leader course (CPD-CFL-010) NKO									
2. Safety (OPNAVINST 3500.39C)									
a. Demonstrate proper procedures for conducting proper ORM in accordance with OPNAVINST 3500.39C.									
b. Discuss importance of ensuring all applicants have a current Hold Harmless Agreement prior to participation in PST.									
c. Document expiration date of CPR qualification.									
d. Demonstrate working knowledge of local medical facilities.									
e. Discuss emergency evacuation plan.									
f. Discuss emergency evacuation route utilizing government vehicle.									
g. Discuss available medical equipment if available at PST Sites.									
h. Demonstrate the ability to identify and use Water Safety gear as well as location.									
i. Discuss impact of inclement weather on PST.									
j. Discuss importance of hydration during the PST.									
3. YMCA Protocol									
a. Aquatic Director meeting and rapport.									
b. Punch Card use and logging.									

19 Nov 2010

	Discuss/ Initial			Demonstrate/ Initial			Remedial/ Re-qualify		
	T R A I N E E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E
c. PST times and scheduling of YMCA.									
4. Required Reports (COMNAVCRUITCOMINST 1130.8). Demonstrate the ability to submit the following required reports and correspondence.									
a. Demonstrate ability to submit PST results to Coordinator/Mentor.									

10. Record of Qualifications:

a. Recommended for final PQS Qualification as NSW/NSO/AIRR PST Administrator Date: _____

I, _____, certify that _____
 (Name/Rate/Qualifier Position) (Name/Rate)
 is ready for final qualification by a PQS Board for the position of
 NSW/NSO/AIRR PST Administrator.

Qualifier's Signature _____

b. Coordinator/Mentor Date: _____

We certify the examinee to be fully qualified for the position of NSW/NSO PST Administrator.

 Coordinator (Name/Rate/Position)

 (Signature)

 Mentor (Name/Position)

 (Signature)

c. Reviewed:

PQS Training Officer, NRD _____
 (Signature/Date)

Approved:
 Commanding Officer, NRD _____
 (Signature/Date)

d. Service Record Entry (Page 4):

Chief Administrator, NRD _____

(Signature/Date)

Copy to:

Member's Training Record